PART B - FEE(S) TRANSMITTAL

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INTRUCTIONS: The appropriate. All furth indicates an appropriate and indicates an appropriate analysis and indicates an appropriate analysis and indicates an appropriate and indicates an app	form should be used for correspondence including the below or directed other tions.	or transmitting the ISSU g the Patent, advance or erwise in Block 1, by (a	E FEE and PUBLIC ders and notification) specifying a new co	of n	ON FEE (if requinaintenance fees when pondence address;	red). Blo ill be m and/or (ocks 1 through 5 shailed to the current (b) indicating a sepa	nould be completed who correspondence address rate "FEE ADDRESS" if		
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7590 10/11/2006 MARC D. FELBERG C/O GOODMARC DESIGNS/ TONNE GOODMAN 27 WEST 10TH STREET #2					Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
NEW YORK CI		MARC DAVID FELBERG (Depositor's name								
01/05/2007 RMEBRAH1 00000049 10757046					W-			(Signatus		
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	ITOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.		
10/757,046 TITLE OF INVENTION	01/14/2004 I: EXERCISE DEVICE		Marc David Felbe	rg		GOO	DMARC M-101	4839		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$700	\$300		\$0		\$1000	01/11/2007		
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	S]					
RICHMAN, GLENN E		3764	482-139000	000						
1. Change of correspond CFR 1.363). Change of corresp Address form PTO/S "Fee Address" ind PTO/SB/47; Rev 03-Number is required. 3. ASSIGNEE NAME A	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed it recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 27 WEST 10 ST. NYC. NY. 10011										
Please check the appropri	riate assignee category or	categories (will not be p	rinted on the patent):		Individual 💻 Co	orporatio	on or other private gr	oup entity Governme		
4a. The following fec(s) ■ Issue Fee □ Publication Fee (text) □ Advance Order -	 Ib. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fcc(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). 									
a. Applicant clain	itus (from status indicate ns SMALL ENTITY stati	us. See 37 CFR 1.27.	<u>``</u>				TITY status. See 37 C			
NOTE: The Issue Fee an interest as shown by the	nd Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other to Office.	than (the applicant; a reg	istered a	ttomey or agent; or t	he assignee or other party		
Authorized Signature	M				Date 2	21	6.06	<u>:</u>		
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This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22	itiality is governed by 35 application form to the ions for reducing this but irginia 22313-1450. DC	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will var rden, should be sent to to NOT SEND FEES OR	on is required to obtain 1.14. This collection of depending upon the certain Completed FORM	in or is es indiv Offic AS T	retain a benefit by t timated to take 12 vidual case. Any co er, U.S. Patent and O THIS ADDRES:	he publi minutes omments Tradem S. SEND	ic which is to file (an to complete, includi s on the amount of ti ark Office, U.S. Dep O TO: Commissioner	d by the USPTO to proce ng gathering, preparing, me you require to comp partment of Commerce, P for Patents, P.O. Box 14		

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PPLICANT:

12.26.06

MARC FELBERG C/O GOODMARC DESIGNS/TONNE GOODMAN 27WEST 10TH STREET#2 NYC NY 10011

APPLICATION #:

10/757,046

TITLE OF INVESTION: EXERCISE DEVICE **EXAMINER:**

RICHMAN, GLENN E.

Dear USPTO/ Mr. Richman,

Enclosed please find our PART B – TRANSMITTAL FORM along with our check for \$1000.00. Also enclosed is a self-addressed post card. Could you please send it back to us confirming, for our records, that you have received this letter.

We accept the changes you have suggested for our claims and would like to thank you for your help in this matter.

We wish you a wonderful New Year,

MARC FELBERG

PRESIDENT, GOODMARC DESIGNS LTD.